

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155170		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/25/2011	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5801 WEST BETHEL AVENUE MUNCIE, IN47304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/25/11</p> <p>Facility Number: 000086 Provider Number: 155170 AIM Number: N/A</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village Muncie Inc. was found not in compliance with Requirements for Participation in Medicare 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and all resident sleeping rooms. The facility has a capacity of 76 and had a census of</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/09/2011

FORM APPROVED

OMB NO. 0938-0391

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K0051 SS=E	<p>51 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 05/26/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 5 of 28 smoke detectors in Bristol hall were installed in a location which would allow the smoke detector to function to its fullest capability. NFPA 72, 2-3.5.1 requires in</p>			K0051	<p>Westminster Village Muncie, Inc. Plan of Correction K-051 NFPA 101 Life Safety Code Standard 1) What corrective actions(s) will be accomplished for those Residents found to have been affected by the</p>		06/24/2011

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	<p>spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 21 residents on Bristol hall east as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 05/25/11 during the tour between 01:18 p.m. and 01:45 p.m. with the Maintenance Supervisor, the following smoke detectors were installed within two feet of an air supply vent:</p> <ul style="list-style-type: none"> a. Smoke detector next to room #35 was within two feet of air supply vent b. Smoke detector in room #35 was within two feet of an air supply vent c. Smoke detector in room #34 was within two feet of an air supply vent d. Smoke detector next to clean utility B was within two feet of an air supply vent e. Smoke detector next to housekeeping B was within two feet of an air supply vent <p>Based on interview on 05/25/11 concurrent with each observation, it was acknowledged by the Maintenance Supervisor the aforementioned smoke detectors were installed within two feet of an air supply duct in the ceiling which would interfere with the smoke detector's ability to detect smoke to its fullest capability.</p>				<p>alleged deficient practice: The Maintenance Department will move the smoke detectors in Room #34 and #35 three (3) feet from the vents. The Maintenance Department will move smoke detectors in the hall next to Room #35 and in hall next to Clean Utility Room B and in the hall next to Housekeeping Room B three (3) feet from vents. 2) How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective actions(s) will be taken: To make sure no other resident is affected by this problem, Maintenance will do a complete walk thru inspection and make sure that all smoke detectors are at least three (3) feet from all vents. 3) What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur: Maintenance will only maintain and inspect smoke detectors and will not move their locations. The smoke detectors in violation have been at this location since 1995 when building was open and inspected by Indiana State Department of Health and State Fire Marshal Officer and Local Fire Department. 4) How the corrective action(s) will be monitored to ensure the alleged deficient practice will</p>		

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	3.1-19(b)				<i>not recur, i.e. what quality assurance program will be put into place:</i> The Physical Plant Manager, will be responsible to see the above changes are completed and will report completion to the Quality Assurance Manager and Administration. <i>5) All components of the systematic adjustments for notification of changes will be implemented by:</i> June 24, 2011.		